



RCE/2895 \$11

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/780,390
	Filing Date	February 12, 2001
	First Named Inventor	Howard E. Rhodes
	Art Unit	2825
	Examiner Name	Malsawma, L.
Total Number of Pages in This Submission	Attorney Docket Number	M4065.0111/P111-A

ENCLOSURES (check all that apply)														
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached (PT0-2038) <input checked="" type="checkbox"/> Amendment/Reply (Prelim.) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination (form PT0/SB/30) credit card form (PT0-2038) (charge \$880.00 to credit card)												
<div>RECEIVED NOV 21 2003 TECHNOLOGY CENTER 2800</div> <table border="1"><tr><td colspan="3">SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</td></tr><tr><td>Firm or Individual name</td><td colspan="2">DICKSTEIN SHAPIRO MORIN &amp; OSHINSKY LLP Thomas J. D'Amico, Registration No. 28,371 Michael Bergman, Registration No. 42,318</td></tr><tr><td>Signature</td><td colspan="2"></td></tr><tr><td>Date</td><td colspan="2">17 NOV 2003</td></tr></table>			SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			Firm or Individual name	DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Thomas J. D'Amico, Registration No. 28,371 Michael Bergman, Registration No. 42,318		Signature			Date	17 NOV 2003	
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Signature														
Date	17 NOV 2003													



Use in lieu of PTO/SB/17 (08-03)  
(Form updated to reflect FY 2004 fees effective 10/1/03)

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="font-size: small; margin: 0;">Effective 10/01/2003, Patent fees are subject to annual revision.</p>		Complete if Known																																																																																																																																																																																																																																																																																											
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div> <div style="display: flex; justify-content: space-between;"><div><b>TOTAL AMOUNT OF PAYMENT</b></div><div>(\$ ) 880.00</div></div>		Application Number	09/780,390																																																																																																																																																																																																																																																																																										
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<div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p style="text-align: center; font-weight: bold;">METHOD OF PAYMENT (check all that apply)</p><div style="display: flex; justify-content: space-between; margin-bottom: 5px;"><div><input type="checkbox"/> Check</div><div><input checked="" type="checkbox"/> Credit Card</div><div><input type="checkbox"/> Money Order</div><div><input type="checkbox"/> Other</div><div><input type="checkbox"/> None</div></div><div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro Morin &amp; Oshinsky LLP</div><p style="font-size: x-small;">The Director is authorized to: (check all that apply)</p><div style="display: flex; justify-content: space-between; margin-bottom: 5px;"><div><input checked="" type="checkbox"/> Charge fee(s) indicated below</div><div><input checked="" type="checkbox"/> Credit any overpayments</div></div><div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application</div><div><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</div></div><div style="width: 48%;"><p style="text-align: center; font-weight: bold;">FEE CALCULATION</p><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><p><b>1. BASIC FILING FEE</b></p><table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td><td>(\$ ) 0.00</td></tr></tbody></table></div><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><p><b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b></p><div style="display: flex; justify-content: space-between; margin-bottom: 5px;"><div>Total Claims</div><div>-20** =</div><div>Extra Claims</div><div>x</div><div>Fee from below</div><div>=</div><div>Fee Paid</div></div><div style="display: flex; justify-content: space-between; margin-bottom: 5px;"><div>Independent Claims</div><div>-3** =</div><div></div><div>x</div><div></div><div>=</div><div></div></div><div style="display: flex; justify-content: space-between; margin-bottom: 5px;"><div>Multiple Dependent</div><div></div><div></div><div>=</div><div></div></div><table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td><td>(\$ ) 0.00</td></tr></tbody></table></div><p style="font-size: x-small;">**or number previously paid, if greater; For Reissues, see above</p></div><div style="width: 48%;"><p style="text-align: center; font-weight: bold;">FEE CALCULATION (continued)</p><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><p><b>3. 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D'Amico Michael Bergman</div><div style="width: 20%;">Registration No. (Attorney/Agent) 28,371 42,318</div><div style="width: 20%;">Telephone (202) 828-2232</div><div style="width: 20%;">Date 17 NOV 2003</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div style="width: 40%;">Signature </div><div style="width: 20%;"></div><div style="width: 20%;">Date</div><div style="width: 20%;">17 NOV 2003</div></div>				Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	770	2001	385	Utility filing fee		1002	340	2002	170	Design filing fee		1003	530	2003	265	Plant filing fee		1004	770	2004	385	Reissue filing fee		1005	160	2005	80	Provisional filing fee		<b>SUBTOTAL (1)</b>					(\$ ) 0.00	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	86	2201	43	Independent claims in excess of 3		1203	290	2203	145	Multiple dependent claim, if not paid		1204	86	2204	43	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b>					(\$ ) 0.00	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1051	130	2051	65	Surcharge - late filing fee or oath		1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.		1053	130	1053	130	Non-English specification		1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination		1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		1251	110	2251	55	Extension for reply within first month	110.00	1252	420	2252	210	Extension for reply within second month		1253	950	2253	475	Extension for reply within third month		1254	1,480	2254	740	Extension for reply within fourth month		1255	2,010	2255	1,005	Extension for reply within fifth month		1401	330	2401	165	Notice of Appeal		1402	330	2402	165	Filing a brief in support of an appeal		1403	290	2403	145	Request for oral hearing		1451	1,510	1451	1,510	Petition to institute a public use proceeding		1452	110	2452	55	Petition to revive - unavoidable		1453	1,330	2453	665	Petition to revive - unintentional		1501	1,330	2501	665	Utility issue fee (or reissue)		1502	480	2502	240	Design issue fee		1503	640	2503	320	Plant issue fee		1460	130	1460	130	Petitions to the Commissioner		1807	50	1807	50	Processing fee under 37 CFR 1.17(q)		1806	180	1806	180	Submission of Information Disclosure Stmt		8021	40	8021	40	Recording each patent assignment per property (times number of properties)		1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))		1810	770	2810	385	For each additional invention to be examined (37CFR 1.129(b))		1801	770	2801	385	Request for Continued Examination (RCE)	770.00	1802	900	1802	900	Request for expedited examination of a design application		Other fee (specify) Certificate of correction						<b>SUBTOTAL (3)</b>					(\$ ) 880.00
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1802	900	1802	900	Request for expedited examination of a design application																																																																																																																																																																																																																																																																																									
Other fee (specify) Certificate of correction																																																																																																																																																																																																																																																																																													
<b>SUBTOTAL (3)</b>					(\$ ) 880.00																																																																																																																																																																																																																																																																																								